

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # 325681 (5)**  
 1. Corporation Name  
**DICKSON'S CARRIAGE HOUSE, INC.**



Principal Place of Business <b>1800 OLDE RIVER TRAIL                  CHULUOTA FL 32768                  US</b>	Mailing Address <b>1800 OLDE RIVER TRAIL                  CHULUOTA FL 32766-9174                  US</b>
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/26/1968</b>	3a. Date of Last Report <b>04/19/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1201934</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WALKER II, WILLIAM A                  250 PARK AVE S 6TH FLOOR                  WINTER PARK FL 32789</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, WINDER A.</b>	1.2 NAME	
STREET ADDRESS	<b>316 MONTROSE ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKSON, KATHERINE A.</b>	2.2 NAME	
STREET ADDRESS	<b>1800 OLDE RIVER TR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHULUOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKSON, DAVID M.</b>	3.2 NAME	
STREET ADDRESS	<b>1800 OLDE RIVER TR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHULUOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKSON, MICHAEL D.</b>	4.2 NAME	
STREET ADDRESS	<b>1800 OLDE RIVE TR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHULUOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKSON, JAMES W.</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 91 P</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL</b>	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANNER, KELLY D.</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 3, BOX 240</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BANNER ELK N.</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine A. Dickson* *Winder A. Young* *David M. Dickson* *Michael D. Dickson* *James W. Dickson* *Kelly D. Banner* **H-22-97 (410) 366-5751**

CR2E034 (9/96)